WELCOME TO OUR PRACTICE ! !

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. **PLEASE PRINT IN ALL SPACES.**

CLIENT'S NAME _____ SPOUSE/OTHER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

DRIVER'S LICENSE: STATE _____ NUMBER _____

EMPLOYER _____ WORK PHONE _____

SPOUSE/OTHER EMPLOYER _____ WORK PHONE _____

IN CASE OF AN EMERGENCY, PLEASE CALL _____

PHONE # _____ e-MAIL _____

Who would we ask for? _____ Alternate Emergency Number _____

We will gladly prepare a written estimate if you desire (please ask our doctor OR receptionist). This will be important to you since ***ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.*** *In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Visa, Master Card, Discover, Care Credit, or Veterinary Pet Insurance.* There will be a $15.00 service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of Responsible Agent for Pet(s) _____ Date _____

How/Why Did You Select Us? _____

If your pet(s) travel (or have traveled) out of the area, where? _____

Essential Pet Information

Cat	Dog	Other	Pet's Name	DOB	Sex	Description